

VILLAGE OF IRVINGTON

BUILDING DEPARTMENT

85 MAIN STREET

IRVINGTON, NEW YORK 10533

TEL: (914) 591-8335 • FAX: (914) 591-5870

WWW.IRVINGTONNY.GOV

1/13/2006



APPLICATION FOR PLUMBING PERMIT

Owner: _____ Address: _____ Date: _____

Tax Account Number*: _____ Sheet: _____ Block: _____ Lot: _____ Parcel: _____

**Available from Village Clerk at 591-7070*

Property Address: _____ Phone No.: _____

Licensed Plumber: _____

Address: _____

Company: _____

Address: _____

Phone No.: _____

Fax No.: _____

County License No.: _____

Fire Underwriter No.: _____

Insurance: Workers Compensation No.: _____

Expiration: _____

Public Liability No.: _____

Expiration: _____

Building Department Permit No.: _____

Description of Proposed Work: _____

This application is hereby made by the undersigned, a licensed plumber, representing the owner, to do plumbing work subject to all rules and regulations of the State of New York, the Westchester County Department of Health and the Board of Trustees of the Village of Irvington.

I swear (or affirm) that I, _____ am the duly authorized agent of the owner of the premises mentioned in this application, including the accompanying plans, drawings, and statements (if any) are true, and that this application is true and complete statement, in accordance with the laws and regulations of all proposed work to be done on this property. I further swear that I will abide by all rules and regulations of the Building Inspector whether specifically stated herein or on the plans or not. I will hold the Village of Irvington and their officials harmless from any liability of any injury or damage to persons or property for the issuance of any licenses or permits.

Signed: _____

Licensed Plumber

A copy of the following information is required with every application:

- A valid Westchester County Plumbers License
- General Liability Insurance (listing the Village of Irvington Additionally Insured)
- Workers Compensation Policy

Fee Schedule:

Application Fee	\$40.00
Inspection Fee	\$40.00 per inspection
Re Inspection Fee	\$40.00

Only completed applications will be accepted

List of Work

Existing Fixtures (number of units per floor)

	Water Closet	Bath Tubs	Shower Stalls	Whirlpool	Basins	Kitchen Sinks	Laundry Tub	Bar Dish Sinks	Washers	Other
Basement										
First Floor										
Second Floor										
Third Floor										
Attic										
Other										

Proposed Fixtures (number of units per floor)

(N)New (R)Replacement

(L)Legalize

	Water Closet	Bath Tubs	Shower Stalls	Whirlpool	Basins	Kitchen Sinks	Laundry Tub	Bar Dish Sinks	Washers	Other
Basement										
First Floor										
Second Floor										
Third Floor										
Attic										
Other										

List of Natural Gas Work

Natural Gas ☐

Propane ☐

EXISTING

PROPOSED

	Stove Oven	Space Heater	Water Heater	Boiler	Other	Stove Oven	Space Heater	Water Heater	Boiler	Other
Basement										
First Floor										
Second Floor										
Third Floor										
Attic										
Other										

	New	Replacement		
Water Service*	<input type="checkbox"/>	<input type="checkbox"/>	Size/Length _____	} Provide Location Drawing
Sewer*	<input type="checkbox"/>	<input type="checkbox"/>	Size/Length _____	
Ejector Pump	<input type="checkbox"/>	<input type="checkbox"/>		} Provide Engineers Drawings Provide location drawing
Fire Sprinklers	<input type="checkbox"/>	<input type="checkbox"/>	No. of Heads ____	
Oil Tank	<input type="checkbox"/>	<input type="checkbox"/>	Size _____	
Future Rough Outs	<input type="checkbox"/>	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>	<input type="checkbox"/>		

*All Water and Sewer service work requires Water Department notification prior to start of any work 591-7870

All water services requiring backflow protection need to file with the Westchester County Department of Health form DOH-1013 "Report on Test and Maintenance of Backflow Prevention Device," both parts A and B prior to commencement of water service.

Dig Safe 1-800-962-7962